



November 25, 2005

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Message from the Assistant Secretary: Family Caregivers and the Medicare Prescription Drug Benefit

During this holiday season, as we reflect on our many blessings, we especially give thanks to family caregivers for their selfless service on behalf of loved ones in need. As you gather together this holiday season, please sit down with your loved ones and discuss the new Medicare prescription drug benefit in terms of the coverage, convenience and cost of the various plans. Help older Americans in your life understand and enroll in the plan that best meets their needs.

Older Americans will have their first opportunity to enroll in one of the plans that make up Medicare's historic new prescription drug benefit under the Medicare Modernization and Improvement Act of 2003. This prescription drug coverage offers affordable access to prescription drugs, better health care choices, and extra help to low-income seniors and beneficiaries with disabilities. The open enrollment period starts November 15th and coverage begins on January 1, 2006 for anyone enrolled prior to that date. But to get coverage, seniors must select from one of the many plans approved by Medicare. While all plans meet Medicare's strict requirements, the plans differ in terms of coverage, convenience and cost.

Most older adults can save an average of 50 percent of their total drug cost under the new plans. Certain low-income seniors, who qualify for extra financial assistance, will have almost no drug expense.

Older adults must carefully research the available options and select the plan that best meets their health care and financial needs. Many will need assistance to make the best choices. That's why the involvement of families especially the 50 million family caregivers in the United States, who often inform or make medical decisions for those they care for, is so important.

Family caregivers—family, friends, partners, and others who provide essential but unpaid services to loved ones with chronic illness or disability—will play an important

role in assisting loved ones with this new prescription benefit. As the President noted in declaring November 2005 National Family Caregivers Month, family caregivers provide most of the homecare services for the elderly and to those who are chronically ill or disabled, often sacrificing their own needs to offer their loved ones the opportunity to live with dignity and independence in familiar surroundings.

The U.S. Administration on Aging is reaching out to all older Americans and their caregivers as they move from awareness of the prescription drug benefit to enrollment. We want to make sure all older Americans can take full advantage of the new benefits both now and in the future. On our website, www.aoa.gov, we have included many links to sources of information. For those without Internet access, help is available at 1-800-MEDICARE. TTY users can call 1-877-486-2048. Finally, we hope you have seen the Medicare & You 2006 handbook that was mailed to every Medicare beneficiary.

Josefina G. Carbonell

Promoting Healthy Aging

Aging services providers are uniquely positioned to ensure that effective prevention programs are available to older people, including under-served older adults who often need such programs the most. Prevention is a key component of Administration on Aging's strategy for helping older people to remain healthy and independent. The National Council on the Aging's Center for Healthy Aging serves as the National Resource Center for the AoA Evidence-Based Prevention Initiative to help implement this strategy. The Center is working with AoA to make sure that older adults have access to prevention programs that can make a noticeable difference in their health and wellbeing. The Center is dedicated to helping community aging service providers, Area Agencies on Aging, and other service providers develop, implement, and evaluate evidence-based health promotion programming for older adults.

Evidence-based health promotion programming translates tested program models or interventions into practical, effective community programs that can provide proven health benefits to participants. Working with its numerous partners, including the Center for Disease Control and Prevention's Healthy Aging Research Network, the Center tracks the latest research from the National Institutes on Health, CDC, Agency for Health Care Research and Quality, and other science agencies, and translates study findings into practical tools and resources for the aging network. Prevention topics receiving the most attention are physical activity, disease self-management, falls prevention, healthy eating, mental health and medication management. The Center also provides information on program operations – such as outreach, marketing, partnering, training, and evaluation. The Center works closely with AoA demonstration teams of aging service providers, health care providers, researchers, and older adults that are translating these evidence-based interventions into strong community programs. These teams draw upon the tools, resources, and expertise of the Center; and the Center, in turn, tracks the lessons learned and successes of these teams so they can be shared throughout the aging network. While results from these demonstrations will not be available until next year, preliminary findings are positive. To ensure that evidence-based prevention programming in the aging network receives well-deserved attention and support, the

Center and its partners bring visibility to this work through presentations, workshops, newsletters, publications, and its own website. To learn more about evidence-based prevention programming and the Center, and to access a variety of useful tools and resources, please visit www.healthyagingprograms.org.

USDA Awards \$5 Million in Food Stamp Participation Grants

Agriculture Secretary Mike Johanns announced six grant awards totaling \$5 million to help increase access to the USDA Food Stamp Program for low-income households. The grants, authorized by the 2002 Farm Bill, are designed to help simplify food stamp application and eligibility systems. The recipients are state agencies working in partnership with faith and community-based organizations in Arizona, New York, Minnesota, Tennessee, Maryland and Michigan. In Arizona for example, the Office of the Governor partnered with the Foundation for Senior Living, a faith-based organization. This joint effort, Project AzSECURE (Arizona Serving Eligible Customers and Utilizing Resources Efficiently) will integrate the Food Stamp Program application process with Medicare, including the Prescription Drug Benefit. For a complete copy of the press release visit:

http://www.usda.gov/wps/portal/!ut/p/_s.7_0_A/7_0_10B?contentidonly=true&contentid=2005/08/0292.xml.

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Medicare News

New Medicare Prescription Drug Plans

Medicare has formally approved prescription drug plans and Medicare Advantage plans which will offer coverage starting January 1, 2006. Prescription drug plans will be available to everyone in Medicare, regardless of their income or how they get their Medicare coverage. Extra assistance will be made available to those with limited incomes and resources. For instance, every state will have at least five prescription drug plans with no premium to beneficiaries who qualify for that extra help.

Approvals included:

- Drug plans in every state, with no area needing the “fallback” plan that would have been required without at least two organizations competing;
- Between 11 and 20 organizations offering prescription drug plans in each region and nine organizations offering drug coverage nationwide; and
- At least one of the prescription drug plans in each state, except for Alaska, with a premium of less than \$20 a month.

All prescription drug plans met Medicare’s requirements for providing access to medically necessary drugs, including formulary standards as well as standards for access to convenient retail pharmacies and to drugs in nursing homes. All plans were required to provide coverage at least as good as Medicare’s standard coverage, which pays on average 75 percent of drug costs after a \$250 deductible up to \$2,250 in total drug spending and 95 percent after \$3600.

Information to help beneficiaries find the drug coverage that best suits their needs is now available. Resources include Medicare’s Web site, www.medicare.gov, and its 24-hour toll-free number, 1-800-MEDICARE (1-800-633-4227).

To learn more about Medicare’s major step toward the 2006 drug benefit, visit: http://www.aoa.gov/Medicare/news/media/cms_pr_092305.pdf

Medicare Drug Premiums will be Lower Than Expected

On August 9, CMS announced that with robust competition among drug plans, prescription drug plans will offer coverage at a lower cost than independent experts had projected. As a result, the Medicare prescription drug coverage that begins January 1 will have:

- An average monthly premium of \$32.20, about \$5 less per month than previously estimated.

- A total cost to the government that is about \$15 less per month for each beneficiary than previously estimated, amounting to billions of dollars in reduced costs to taxpayers in the first year of the program.

People with Medicare started signing up for coverage November 15th. The premium for standard coverage depends on whether the plan the person with Medicare choose is above or below the national average cost. CMS anticipates that there will be a significant number of plans in each region with premiums below the national average of \$32.20. CMS also announced the limited-income premium benchmark amounts in each region. About one-third of all people with Medicare will qualify for extra help in paying for their drug premiums, and most will have their full premium paid by Medicare if they enroll in a plan with the premium below this benchmark level. Based on these benchmarks, CMS expects that people who qualify for this extra help will have multiple prescription drug plan choices with no premiums, as well as additional no premium coverage options in Medicare Advantage plans. Beneficiaries at the upper end of the low-income subsidy range qualify for premium assistance on a “sliding scale” basis. Most beneficiaries with limited incomes will also have no deductibles, no gaps in coverage, and only small co payments for each prescription. The notice of the Part D national average monthly premium bid amount, the regional prescription drug plan benchmarks and the regional low-income premium benchmarks is at <http://www.cms.hhs.gov/healthplans/rates/>. For a complete copy of the CMS fact sheet visit:

<http://www.cms.hhs.gov/media/press/release.asp?Counter=1530>.

Medicare Provides Tools to Help Local Partners Prepare Beneficiaries for Medicare Prescription Drug Coverage

Medicare partners have additional resources available to help them inform and educate people about the new prescription drug coverage, including a new Prescription Drug Plan Finder. Beneficiaries and their family members can use these tools to make better decisions about their Medicare drug coverage. For more information you may click on the CMS link located at:

<http://www.cms.hhs.gov/medicarereform/moreinformation.asp>

Or you may go to the Medicare.gov link at:

<http://www.medicare.gov/medicarereform/drugbenefit.asp>

Also, Centers for Medicare & Medicaid Services has created an online resource, *Landscape of Local Plans*, <http://www.medicare.gov/medicarereform/map.asp>. This resource helps you find Medicare prescription drug plans by state or Medicare Advantage plans with prescription drug coverage by county. It lets you see the plans in your area that offer drug coverage, including basic information to help you find ones that meet your needs based on cost, coverage, and convenience. The Medicare Prescription Drug Plan Finder has been designed to educate users about the new prescription drug coverage, help them find and compare prescription drug plans that meet their personal needs, and then provide assistance with enrolling in the most appropriate drug plan. The Medicare Prescription Drug Plan Finder is available at: www.medicare.gov.

CMS Issues MMA Prescription Drug Consumer Protection Fact Sheet

The new Medicare Prescription Drug Benefit provides an unprecedented opportunity to get seniors much needed help. The Aging Network and community-based organizations are prime vehicles for reaching out and gaining access to seniors to describe the new benefit and help seniors choose a plan that is right for them. This critical role also makes these agencies a target for the many honest and the handful of dishonest companies attempting to gain access to seniors. CMS is employing a three-pronged approach to help protect consumers. They will use new and innovative techniques to help prevent fraud and abuse, including new contracts with eight organizations which will monitor and analyze data to help identify problems; work with law enforcement, prescription drug plans, consumer groups and other key partners to protect consumers and enforce Medicare's rules; and provide basic tips for consumers so they can protect themselves. CMS has a fact sheet for consumers warning them about the issue of identity theft, and providing specific steps for protecting personal information. You are encouraged to download this publication and use it to educate your staff and the consumers you serve at: <http://www.medicare.gov/Publications/Pubs/pdf/11147.pdf> To learn more about Medicare's efforts to fight fraud, visit: <http://www.cms.hhs.gov/media/press/files/protectingrelease.pdf>

CMS Issues Marketing Rules for Plans Offering Medicare Drug Coverage

CMS issued marketing guidelines for companies offering prescription drug plans to Medicare beneficiaries as part of Medicare's new prescription drug benefit beginning on January 1, 2006. The guidelines set standards that companies must follow in marketing their plans to the nation's elderly and disabled. The standards reflect proven methods plus ongoing Medicare oversight to protect beneficiaries from unscrupulous or overzealous sales tactics, while enabling them to get information they can use to help make their decisions about this important new benefit. The guidelines govern the marketing activities for stand-alone prescription drug plans, Medicare Advantage plans, and Medicare Advantage prescription drug plans. People with Medicare began enrolling in the program on November 15, 2005 while plans could begin to market their packages October 1, 2005. These guidelines underscored the steps that CMS will take to assure strong oversight of marketing activities, including imposing sanctions where applicable. For more information visit: <http://www.cms.hhs.gov/media/press/release.asp?Counter=1535>.

CMS Pilots Programs to Improve Quality Care for the Chronically Ill

CMS announced the beginning of a new initiative, Medicare Health Support, designed to help people with Medicare who have diabetes and congestive heart failure reduce their health risks and protect their quality of life. Eight Medicare Health Support pilot programs will be offered this year in different areas of the country as free, voluntary support programs, for approximately 160,000 fee-for-service Medicare beneficiaries for three years. Chronic diseases are often the underlying cause of illness, disability and death for many American seniors and account for the majority of Medicare expenditures. Participation in a Medicare Health Support program will be completely voluntary and will not affect beneficiaries' Medicare coverage, their access to medical services, or their ability to choose their own doctors and other health care providers. The programs are not a new form of insurance plan or HMO and will be available at no charge to people with Medicare who are invited to participate. Medicare Health Support programs will offer self-care guidance and support to chronically ill beneficiaries to help them manage their health, adhere to their physicians' plans of care and ensure that they know when to seek the medical care necessary to help

reduce their health risks. For more information visit:
<http://www.cms.hhs.gov/medicarereform/ccip>. For a complete copy of the press release go to: <http://www.cms.hhs.gov/media/press/release.asp?Counter=1521>.

Transportation News

New Tool – “Building an Individual Transportation Plan”

The Federal Interagency Coordinating Council on Access and Mobility has developed a new tool -- “Building an Individual Transportation Plan.” The tool is designed to help health and human service providers assist consumers with accessing transportation services. The tool helps transition specialists, employment counselors, physicians, social workers and other providers to integrate transportation into the individualized planning process. For copies of the tool please visit the United We Ride web site at: www.unitedweride.gov.

AOA News

Promoting Livable Communities

The Administration on Aging announced the winners of its “Livable Communities for All Ages” competition in September. Winners were defined as cities and counties that had taken specific, collaborative actions and made significant, measurable improvements to be places where all ages can live comfortably. Livable community applicants were judged using six categories:

1. Provide affordable, appropriate, accessible housing
2. Adjust the physical environment for inclusiveness and accessibility
3. Ensure access to key health and supportive services
4. Ensure accessible, affordable, reliable, safe transportation
5. Provide work, volunteer, and education opportunities
6. Encourage participation in civic, cultural, social, and recreational activities

In addition to identifying and showcasing cities and communities that exemplify a livable community, AoA sponsored the competition to highlight promising practices that can be used by local governments throughout the country in preparing for the aging of the baby boom population.

Winning communities were: Atlanta, Georgia; Broome County, New York; Central, Virginia; Dunedin, Florida; Milwaukee, Wisconsin; New York City, New York; and Tamarac, Florida. For more information visit:
http://www.aoa.gov/press/pr/2005/05_Sep/09_20_05.asp.

You Can! Celebration

The U.S. Administration on Aging recently announced award recipients and recognized award sponsors that participated in AoA's *You Can! Celebration*, a part of the *You Can! Steps to Healthier Aging* campaign designed to increase the number of older adults who are active and healthy. Four sponsoring organizations have made awards to five partnering organizations for *You Can! Celebration* programs that demonstrated innovation and collaboration. In addition to top awardees, AoA made five Honorable Mention awards. AoA sponsored the *You Can! Celebration* by asking

partners to host activities for any consecutive days in September that were designed to encourage older adults to take new steps to make wise food choices and increase their physical activity. For a special *You Can!* Newsletter with more information about the awards visit:

http://www.aoa.gov/YOUCAN/news/celebration_newsletter.pdf.

Policy and Program Updates

Increasing Immunization Awareness

Promoting the health benefits of influenza (or "flu") and pneumococcal vaccinations for older people is an ongoing priority for AoA. The CDC recommends that everyone 50 and older get a flu shot each year and that people 65 and older get a pneumococcal vaccination at least once to prevent illness. Older people are more likely to develop serious complications as a result of influenza or pneumococcal infections, and these illnesses are among the top ten causes of death for older people in the U.S. For resources for aging professionals visit: Influenza (Flu) Information for Health Care Professionals

<http://www.cdc.gov/flu/professionals/index.htm>

Racial and Ethnic Disparities in Immunization Initiative (READII)

<http://www.cdc.gov/nip/specint/readii/default.htm>.

CMS Medicare Preventive Services: Influenza/Pneumococcal Campaign

<http://www.cms.hhs.gov/preventiveservices/2.asp>.

Vaccine Availability Update: <http://www.cdc.gov/flu/>.

National Partnership for Immunization: <http://www.partnersforimmunization.org/>.

Prevention information: <http://preventioninfo.org/>.

U.S. Surgeon General Issues First Call to Action on Disability

U.S. Surgeon General Richard H. Carmona, M.D., M.P.H., FACS has released "The Surgeon General's Call to Action to Improve the Health and Wellness of Persons with Disabilities," appealing to all Americans to help increase the quality of life for people with disabilities through better health care and understanding. Developed by the Surgeon General in collaboration with the HHS Office on Disability, the Call to Action describes the particular challenges to health and well being faced by persons of all ages with disabilities and identifies four goals that, together, can help people with disabilities experience full, rewarding and above all healthy lives as contributing members of their communities. The "Surgeon General's Call to Action to Improve the Health and Wellness of Persons with Disabilities" is available at

www.surgeongeneral.gov.

Of Interest

National Leadership Summit on Eliminating Racial and Ethnic Disparities in Health

On January 9-11, 2006 the Office of Minority Health of HHS and its co-sponsors will hold the National Leadership Summit on Eliminating Racial and Ethnic Disparities in Health in Washington, DC. The Summit will bring together leaders from all levels of government, academia, public health, mental health, minority-serving institutions, and minority communities to advance key issues and opportunities for

improving minority health and closing the health gap. For additional information, please visit the Summit website www.OMHSummit2006.org

Study Shows Ways to Attract More Seniors to Food Stamps

A study conducted by the USDA Food and Nutrition Service found that easing the burden of applying for food stamps and enhancing food stamp benefits for an older person both appeared to increase participation by eligible low-income seniors ages 60 and older. Food Stamp participation among seniors has been historically low. FNS designed three models each emphasizing the reduction of one of three participation barriers – the time and effort to apply for benefits, the cumbersome application process, and the minimal benefit value – in order to induce seniors to apply for the program. Reducing the burden of applying and enhancing benefits each appeared to increase food stamp participation of the elderly by 20-35 percent after 21 months. The benefit demonstration offered seniors commodity packages with a value of as much as \$70, attracting clients who otherwise would have been eligible for only \$10. The size of the benefits perhaps outweighed the fact that commodity distribution might be inconvenient to clients, and the offered commodities might reduce clients' flexibility in their food choices. For more information visit:

<http://www.ers.usda.gov/Publications/CCR9-1/>

Free Arthritis Information for Hispanic Seniors

Arthritis is one of the most common diseases in the U.S., affecting millions of adults and half of all people age 65 and older. Although there is no cure for most forms of arthritis, treatment can help patients manage their symptoms and improve their overall quality of life. The choice of treatment depends on the type of arthritis, the severity of symptoms, the patient's general health, and other factors.

The National Institute on Aging is offering a free fact sheet in Spanish about treatments for the most common forms of arthritis -- osteoarthritis, rheumatoid arthritis, and gout. *Consejos Sobre la Artritis* includes information about the warning signs of arthritis, treatment methods, and up-to-date addresses and telephone numbers of resources for further help. The science-based information is useful for seniors and their family members. To order copies of *Consejos Sobre la Artritis*, call 1-800-222-2225 toll free. The NIA Information Center is open weekdays between 8:30 a.m. and 5:00 p.m. eastern time. An information specialist will be available to respond to calls in Spanish. This and other Spanish publications on healthy aging also are available on the NIA Web site at <http://www.niapublications.org/>.

New Information about Stroke from SeniorHealth.gov

Each year in the United States, there are more than 700,000 new strokes. Stroke is the third leading cause of death in the country, after heart disease and cancer. Stroke causes more serious long-term disabilities than any other disease. Nearly three-quarters of all strokes occur in people over the age of 65. The risk of having a stroke more than doubles each decade after the age of 55. SeniorHealth.gov offers new information about stroke including warning signs and risk factors, prevention and diagnosis, and treatment and research based on information from the National Institute of Neurological Disorders and Stroke. For more information visit:

<http://nihseniorhealth.gov/stroke/toc.html>.

High Blood Pressure Not Well Controlled Among Older Adults

Nearly three-fourths of men and women age 80 and older have high blood pressure, but their conditions are frequently not kept under control, according to new data from the National Heart, Lung, and Blood Institute's long-standing Framingham Heart Study. In this age group, only 38 percent of men and 23 percent of women had blood pressures that met targets set forth in the National High Blood Pressure Education Program's clinical guidelines. Full study results were published in the *Journal of the American Medical Association*. This study shows that while the rate of high blood pressure increased with age, numbers of people receiving treatment for the condition did not. Seventy-four percent of people age 80 and older had high blood pressure, compared with 63 percent of those age 60 to 79 and 27 percent of those under the age of 60. However, less than two thirds of hypertensive patients in the two older age groups received treatment. The NHLBI's hypertension guidelines are available online in the Seventh Report of the Joint National Committee on the Prevention, Detection, Evaluation and Treatment of High Blood Pressure. The guidelines are available online at

<http://www.nhlbi.nih.gov/guidelines/hypertension/index.htm>

A copy of the NIH News Release is available online at:

<http://www.nih.gov/news/pr/jul2005/nhlbi-26.htm>.

NIH Seeks Women Ages 65 – 74 for Sister Study

The Sister Study needs women, age 65 to 74, whose sisters had breast cancer, to help learn how our environment and genes affect the chances of developing the disease. Conducted by the National Institute of Environmental Health Sciences, of NIH, the Sister Study is empowering women to make a lasting mark on breast cancer research. Unfortunately, the chance of developing breast cancer increases with age. Some breast cancer takes a lifetime to develop, so it is important that senior women join the Sister Study to help find the causes of breast cancer in their age group. Joining the Sister Study is not difficult and can be done from home. The Sister Study does not require participants to take any medicine, undergo medical treatments, or make changes to their habits, diet or daily life. For more information, visit www.sisterstudy.org or call the toll-free hotline at 1-877-4-SISTER (1-877-474-7837); TTY 1-866-TTY-4SIS.

Caregiver Policy Digest e-Newsletter Offers a Fresh Look at Caregiving

Caregiving PolicyDigest is a focused e-newsletter from Family Caregiver Alliance's National Center on Caregiving. The Digest offers a fresh look at the rapidly changing environment of caregiving. Subscribers will receive details on key federal and state legislation, news on innovative public programs, and the latest information on caregiving and long-term care policy at national and state levels. Subscribing is free, simply visit the FCA website:

http://www.caregiver.org/caregiver/jsp/content_node.jsp?nodeid=836

To submit a newly developed policy or program to be featured in the Digest, email a summary and weblink to the editors at PolicyDigest@caregiver.org.

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About AoA

AoA works with a nationwide network of organizations and service providers to make support services and resources available to older persons and their caregivers. For more information about AoA, please contact us by mail at U.S. Department of Health and Human Services, Administration on Aging, Washington, DC 20201; by phone at (202) 619-0724; by e-mail at aoainfo@aoa.gov; or visit us on the Web at www.aoa.gov.